

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

Patent Number	7,216,118
Issue Date	5/08/2007
First Named Inventor	Gilad Menashe
Art Unit	2161
Examiner Name	Etienne Pierre Leroux
Attorney Docket Number	017900-002400US

**To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record
- ☐ all the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ all the attorneys/agents associated with Customer Number **59734**

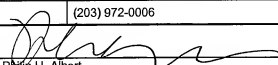
NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: Client requests transfer of matter listed below.

CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:
- ☒ The address associated with Customer Number: **52025**

OR

<input type="checkbox"/> Firm or Individual Name	Kurt Maschoff				
Address	Buckley, Maschoff & Talwalkar 50 Locust Avenue				
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Signature					
Name	Philip H. Albert			Registration No.	35,819
Date	May 16, 2007			Telephone No.	650 326-2400

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.